REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)

Indiana Election-Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION			
1. Full name of committee (as on Statement of Organization) Check if this is a new na COMMITTEE TO ELECT WAYNE WILSON	a003		
2. Acronym or abbreviated name, if any	3. Committee (317)	telephone number 844-8076	
4. Mailing address (address where all campaign finance correspondence is received) 24 WILSON DRIVE	eck if this is a r	new address	
5. City, state, ZIP code CARMEL IN 44032		NBHCAN	
CANDIDATE INFORMATION (For Candidate's Co	ommittees O	nly)	
7. Full name of candidate (include any nickname) WAYNE ALAN WILSON		tion or if independent	candidate
9. Office sought (Include district number, if any. Not required for exploratory committee.) MAYOR OF THE CITY OF CARMEL	10. County of	residence	
TYPE OF REPORT		CONVENTION	ANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 18, 19, and 20) Outgoing Treasurer (within 10 days amend Statement of Organization)	must be "0")	Check one: Pre-Convention Post-Convention	
12. Reporting Period:	3	COLUMN A	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		053.41	
Cash on hand and investments at the beginning of this reporting period.	- 11		8594:70
CONTRIBUTIONS AND RECEIPTS			001111
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (use Schedule A)	(00.00P	27,375.00
15b. Uniternized		1375.00	4758,00
15c. Add lines 15 a and 15b in both columns SUBTO	OTAL S	8275.00	32133.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL 19	1328.91	40 727,70
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments,)		7	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	15	8,374.51	38,094.05
17b. Unitemized		763.86	2443.11
17c. Add lines 17a and 17b in both columns SUBT	TOTAL 1	9,138,37	40,537.16
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	190,54	190.54
19. Debts OWED BY the committee (use Schedule D)			
20. Debts OWED TO the committee (use Schedule E)			ALCOHOLD BY

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	 -	••	nu.

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE. CORRECT AND COMPLETE.

Signature on File

any warmana parpusa (10 5-3-15) A person who knowingly

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FIL	E NUMBER	
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A SPANIA	1	MPUT GUNGIL	eur i ri
Page _	1	of	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
JANST K. HOYT 12420 BROOKLINE STREET	Contributions: Direct In-Kind (describe)	logo lis to eser-	das gellism bri seles enbles w	4-21-03
CARMEN INDIANA 46033 Contributor's Occupation (Frequired) RETIRED	Other Receipts: Interest □Loan □ Misc (specify)	200.00	200.00	WAYNE
JAMES R. STECKLEY UIRGINIA Y. STECKLEY	Contributions: Direct In-Kind (describe)	S SENTO SE Large Intry at	HOSTUSIS Hous) believe	4-22-03
5801 E-116TH STREET CARITIEL IN 46033 Contributor's Occupation (Frequires) CATETET	Other Receipts: Interest □ Loan Misc (specify)	250.00	250.∞	WAYKE
BRYAN CHANDLET 6457 N. Illinois St.	Contributions: Direct In-Kind (describe)	estander ye	doge to fi	4-25-03
Indianapolis IN 46260 Contributor's Occupation (17 required) DEVELOPET	Other Receipts:	566.60	500.00	WAYNE
KRISTIN B. FEWELL JR KRISTIN B. FEWELL 613 WATEVIEW BWD	Contributions: Direct In-Kind (describe)	A BUUGHA	PAGE OF S	5-5-03
GRENFIELD IN HUHO Contributor's Occupation (# required) BUSINESS OWNER / CONTRAC	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	250,00	25000	WAYNE
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)			
		1760 00		
SUB TOTAL TH TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary S		\$ 1200,00		

OF A POLITICAL COMMITTEE State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, returns, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Page	of	

_					
10000	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1.	SPRINGHUIST HOUSING PARTNERS LLC 333 N. PENNSYLVANIA STREET INDIANAPOUS IN 46204	Contributions: Direct In-Kind (describe)			4-14-03
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	11001110415 110 46204	Other Receipts: Interest Loan Misc (specify)	500.00	560,00	WAYNE
2	DUKE CONSTRUCTION 400 E-96th Street Suite 100	Contributions: Direct In-Kind (describe)	0.5.00		4-28-03
	INDIANAPOUS IN 46240	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	250.00	250.00	WILSON
3.	PO BOX 318	Contributions: 即Direct □ In-Kind (describe)			4-29-03
	CARMEL IN 46089	Other Receipts: Interest □ Loan Misc (specify)	200.00	700,00	WAYNE, WILSON
4	FE HARDING ASPHALT CO INC 10151 HAGUE ROAD INDIANAPONS IN 46256	Contributions: Direct In-Kind (describe)		25.40	5-5-03
		Other Receipts: Interest □Loan □Misc (specify)	250.00	250,00	WAYNE. WILSON
5.	CALLIMET ASPHALT DAVING CO INC 5265 E-96th Street INDIANAROUS IN 46240	Contributions: Direct In-Kind (describe)	A=2 AA	· · · ·	5-5-03
	PROPERTY IN TENTO	Other Receipts: Interest Loan Misc (specify)	250.00	- 1	WHYNE
	SUB TOTAL THE	S PAGE OF SCHEDULE A	s1450.60		
	TOTAL OF ALL PAGES OF SCHEDULE A O (Enter total on ITEM 15a of the Summary St	N THE LAST PAGE ONLY	s		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

1955	FIL	E NUMB	ER	
Page _	1	of	1	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1. MARTIN MARIETTA AGGREGATES STATE POLITICAL CONTRIBUTIONS COMM PO BOX 30013	Contributions: Direct In-Kind (describe)	ing flows to seek date to constitute	and maing sea consider (cons	6 5 03
PALEIGH, NC 27622	Other Receipts:	250.00		WAYNE
2	Contributions: Direct In-Kind (describe)	Dieg even one	esilita espes	is aid? Jassinon
	Other Receipts:	NAME OF A START	When enemy TRIBUTION provided (suc	PE OF CON
3. unit più endesan rector o mi-archimer, brisi-ci gribulari moduce. Clairos i richime la citata di manafara-in problemi acceptaritatione.	Contributions: Direct In-Kind (describe)	BERIODEE	EIHT THUO!	ILCIAN A All ording period.
con B is the same as the entry in Column A.	Other Receipts:	aphretes a	as to mos	the first re
eled or deposited in an account, For each contributions, the sember, NOT when mailed or deposited in an account.	Contributions: Direct In-Kind (describe)	oney order, Mi cash is soo	the check or it	erisoen sestim eris anolludhe
the contribution for the committee. (IC 3-9-1-25 page of Schedule A. If there is only one page of this Schedule.	Other Receipts:	COMMINION ECHEDULE OF ALL PAG	Y: Enter this S PAGE OF the the TOTA	AT LATOTS
lesi8	Contributions: Direct In-Kind (describe)	DATUCCHON Let Trus Aguns d	TO EBOAT Sould A Also	DUA NO JAC Poges on Sory
	Other Receipts: Interest □Loan Misc (specify)			
SUB TOTAL T	HIS PAGE OF SCHEDULE A	\$ 250 °°		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary		s 2900°°		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R / 11-99) Indiana Election Commission (IC 3-9-5-20) Approved by State Board of Accounts 1999

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to this report. Please type or print legibly IN BLACK INK all information on this form.

June 2015 and 1915 are required to this form, see instructions on the reverse side.

	FILE NUMBER
TOTALPA	GES IN ENTIRE CFA-11 REPOR
	1+2 pressus = 3

COMMI	TTEE INFORMATION		
1. Full name of candidate (Include any nickname) Check if this is a new now AYNE AWAN WILSON	ame 2. Committee telephone (317) 8	44 8676	
Mailing address (address where all campaign finance correspondence is received.) 24 WILSON DRIVE	ed) Check if this is a new address		
4. City, state, ZIP code CARMEL IN 46032	5. Party affiliation or if in REPUBL		
6. Office sought (include district number, if any. Not required for exploratory con	7. County of residence	on	
8. Reporting period: From: MAY 1 2003 Through: DSCEMBS	r 31, 2003	-	
For classification, enter INDV for individual; PAC for politic NONE for all entries which are not one of the above cate	cal action committee; CORP for gories.	corporation; LAB for I	abor organization;
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
CORP PRESTAL COMMONS ELP	Contributions: Direct		5-1-03

30 South Meridian St 1000.00 Indianapolis IN 46204 Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify) Contributor's Occupation (if applicable) DEUELOPET Classification 2. Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: ☐Interest ☐Loan ☐Misc (specify) Contributor's Occupation (if applicable) Classification | 3. Contributions: ☐ Direct ☐ In-Kind (describe) Other Receipts: □ Interest □ Loan _ □ Misc (specify) Contributor's Occupation (if applicable)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (8-97) Indiana Election Commission (IC 3-9-5-20) Approved by State Board of Accounts 1997

INSTRUCTIONS: All candidates are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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(CFA-11)

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-11 REPORT

	E INFORMATION -		
1. Full name of candidate (Include any nickname) Check if this is a new name WAYNE A. WILSON	2. Committee teleph	844-8076	
Mailing address (address where all campaign finance correspondence is received)	Check if this is a new add	ress	
4. City, state, ZIP code CARNEL IN 46032	5. Party affiliation or REPUBL		
6. Office sought (Include district number, if any. Not required for exploratory committee and the sought (Include district number, if any. Not required for exploratory committee and the sought (Include district number, if any. Not required for exploratory committee).	ree.) 7. County of residen	"TON"	
8. Reporting period: H-12 - 2003 . 10 Through: 4-22-2	003 .19		
 Did the committee receive any "large contributions" since the close of the last of For classification, enter INDV for individual; PAC for political a NONE for all entries which are not one of the above categorial 			bor organization
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED BY
CORP BAJA INC. DBA GCCDFELLAG PIZZA + PASTA 13190 HAZELDELL PKWAY #ICC CARMEL IN 46033 CAFE CUINEL	Contributions: Direct In-Kind (describe) Other Receipts: Interest □ Loan Misc (specify)	1000,00	4-21-03 WAYNE WILSON
Classification 2. THOMAS G. HINSHAW 130 E MAIN STEET	Contributions: Direct In-Kind (describe)	_	4-22-03
CARMEL IN 4632 Contributor's Occupation (if applicable) C.P.A.	Other Receipts: Interest □ Loan Misc (specify)	1000.00	WAYNE
Classification 3.	Contributions: Direct In-Kind (describe) Other Receipts:	2003 AP 25	日
Contributor's Occupation (if applicable) CERTIFICATION	□ Interest □ Loan □ Misc (specify)	5 PN 1	J
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF TRUE, CORRECT AND COMPLETE Signature on File		LIEF IT IS	E USE ONLY

TORSING. Only information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties /IC 3-9-1-16, 3-9-4-17, 3-9-1-19.



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R / 11-99) Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1999 INSTRUCTIONS: Only candidates receiving a "large contribution" are required to "le this report. Please type or print legibly IN BLACK INK all information on this form. or assistance in completing this form, see instructions on the reverse side.

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TOTAL PAGES IN ENTIRE CFA-11 REPORT 2003 AP 28 PM 12: 46

	THE RESIDENCE OF THE PARTY OF T	STATE OF THE PARTY	Control of the Contro
1. Full name of candidate (Include any nickname) Check if this is a new name	2 Committee telephone :	14-8076 CLERK, P	Мистон стууг у сө в
3. Mailing address (address where all campaign finance correspondence is received)	Check if this is a new address		
4. City, state, ZIP 2008 CARMEL IN 46033	5. Party affliacon or if inc REPUE	BUCAN ,	E LONG COMMITTEE OF THE PARTY O
6. Office sought (Include district number, if any. Not required for exploratory committee MAYOR OF CARMEL	HHMILIC		
8. Reporting period: APRIL 25, 2003 Through: APRIL 28	2003		
For classification, enter INDV for individual; PAC for political ad NONE for all entries which are not one of the above categoric	tion committee: CORP for	corporation; LAB for la	bor organization
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED
CLORP TREIGHT MASTERS SYSTEMS INC 3740 GUION ROAD	Contributions: X Direct In-Kind (describe)	1200	4/28/03 WAYNE
INDIANAPOLIS IN 46222 Contributor's Occupation (1 soppicable)	Other Receipts: Interest © Loan Misc (specify)	1000,00	WILSON
Classification 2.	Contributions:		

Other Receipts:

☐ Direct ☐ In-Kind (describe)

Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)

Contributions: ☐ Direct ☐ In-Kind (describe)

☐ Interest ☐ Loan ☐ Misc (specify)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECTAND COMPLETE.

Signature on File

Contributor's Occupation (if applicable)

Contributor's Occupation (if applicable)

Classification |3.

FOR OFFICE USE ONLY

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REPORT OF RECEIPTS AND EXPENDITURES

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) OF A POLITICAL COMMITTEE **Itemized Expenditures**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM schedule, see instructions on the reverse sole. This schedule is used to document expenditures totaled on them 172 of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMBI	ER	
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
WAYNE A WILSON	of the contract of the contrac	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐	nes la difueri na Esch tanela	912.15	4-12-63
CARMEL IN 46032	PEXPENDITURE: ENTER TE WILLIAGE OR TECHNOLOGY.	Purpose: REINBURSEMENT 0 = 194.74 F = 168.51 A = 163.85	1467.10		
UN PRINTING CO	Set of the det	☐ Payment of Debt ☐ Returned Contribution ☐ Other	smoo fel come tro expenditue	3,150.00	4-14-03
CARMEL IN 46032	stab arfT tuo- Misicipel L'estugen	Purpose: CARTIPAIGN TRAILING	3150,00		
CARMEL PRO PRINTER	The day provided TAL OF THIS PAGE OF SOM	☐ Payment of Debt ☐ Returned Contribution ☐ Other	the fler is direct	12,291,67	4-44-03
303 W Cornel Dr. CARMEL IN 46032	STIGUES A BY THE SECOND	PUTPOSE: LITERATURE POINTING	2463.60		
STAZZ IT UP 525 INDUSTRIAL DRIVE CARMEL IN 46032	anter this figure on TTE	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	charac for prints	166.95	4-21-03
		PUTPOSE: CAMPAIGN SHIPTS	166.95		
RICH BARKE		Direct In-Kind Payment of Debt Returned Contribution Other	en and unit present	630.00	4-23-03
BARKER GRAPHICS 5631 PILGRIM DRIVE 11/10/10/10/10/10/10/10/10/10/10/10/10/1		Purpose: WEBSITE	50,00		
CARMEL PRO PRINTER		Direct In-Kind Payment of Debt Returned Contribution Other		13,945,67	4-25-03
303 W CARMEL Dr. CARMEL IN 46032		Purpose: PRINTING	1674.00		
UN PRINTING 1429 CHASE CT CARMEL IN 46032		Property In-Kind Payment of Debt Returned Contribution Other	sozene wer rese e utro provite m s pald to castgale	6150.00	4-25-03
		Purpose: CAMPAIGN MAINIG	3000,00		
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$10,911.05		· · · · · · · · · · · · · · · · · · ·
	PAGES OF SCHEDULE B O		s		



OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE	NUME	ER	
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Page _	~.	of)	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
WAYNE A. WILSON	_	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other		1393,47	
CARMEL IN 46032		Purpose: REINBUTSEMENT 0 = 211.53 F = 269.79	481.32		4-25-03
CARITIEL PIO PRINTEIS	_	Payment of Debt Returned Contribution Other	107 50	10112 17	4-28-03
303 W CADREL Dr. CARMEL IN 46032		Purpose: PRINTING	147.50	14,113,17	
EXPLESS GRAPHICS		Direc In-Kind Payment of Debt Returned Contribution Other			4-29-03
CARMEL IN 46032		Purpose: SIGNS	72.08	1369,52	
Code C LIS DOSTMASTET		Direct In-Kind Payment of Debt Returned Contribution			
CARMEL IN 46082	-	Purpose: PUSTAGE	49,80	1196.80	5-1-03
Code F KAOGER FOODS 1217 S-RANGELINE		Project In-Kind Payment of Debt Returned Contribution Other Purpose: RAWY FOOD	188.94	188.94	5-2-03
CARMELIN 44032		ITEMS			
KROSEI FOODS 1217 S RANGELINE		ØDirect □ In-Kind □ Payment of Debt □ Returned Contribution □ Other			
CARMEL IN 46032		Purpose: RALLY FOOD ITEMS	88,70	277,44	5-2-03
TALK PRODUCTIONS		Propert In-Kind Payment of Debt Returned Contribution Other			
1020 DARTHOUTH ROAD INDIANAPOLIS IN 46260		Purpose: ATHLLY ENTERTAINMEUT	1750.00	1750.00	5-3-03
SUB TOTAL THIS PAGE OF SCHEDULE B			\$2778.34		8
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			s		



OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER							
,	4		_	-			
Page _	చ		_ of _	3			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
TAZZ IT UP 525 INDUSTRIAL DR. CARMEL IN 46032	. —	Primed In-Kind Payment of Debt Returned Contribution Other Purpose: PARAPHSNIAUA	111-20	278,15	5-503
COME DE LESON WAYNE A. WILSON 24 WILSON DRIVE CARMEL IN 46032		Project In-Kind Payment of Dept Returned Contribution Other Purpose: REINBUTSE TREAT O = 248.35 F = 254.69	505.04	1898.51	5403
PIZZA KING 9 MAIN STREET CARMEL IN 46032		Direct	330,00	330.00	5403
COME DE LESON DRIVE CARMEL IN 46032		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: REAN BARSEMENT C = 280.74 O = 4.44	287.38	2185.89	5-22-03
US POSTMASTER CARINEL IN 46082		Prince In-Kind Payment of Debt Returned Contribution Other Purpose: DUSTAGE	8.30	1205,10	4-17-43
CAPMEL IN 46032		Direct □ in-Kind Payment of Debt Returned Contribution Other	443,20	2429.09	6-21-03
EHZABETH A.WILSON SH WILSON DRIVE CARMEL IN 44032		Priced In-Kind Payment of Debt Returned Contribution Other Purpose: 178.3 Hours If 16.94 per Typing, Internature Layeut 4- Imaker work	3666.00	4071.26	7-12-03
	SUB TOTAL THIS	PAGE OF SCHEDULE B	\$4685,12		\$
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					